

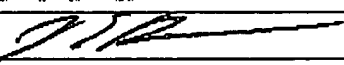
AUG 24 2006

PTO/SB/122 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | | |
|--|------------------------|------------------------|--|-----|
| CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 | Application Number | 10/763,081 | | |
| | Filing Date | 01/22/2004 | | |
| | First Names Inventor | Vijaylaxmi Chakravarty | | |
| | Art Unit | 2167 | | |
| | Examiner Name | Susan F. Fayyan | | |
| | Attorney Docket Number | AUS920030847US1 | | |
| Please change the Correspondence Address for the above-identified patent application to: Customer Number : 42640 OR | | | | |
| Firm or Individual Name | | | | |
| Address | | | | |
| Address | | | | |
| City | | State | | Zip |
| Country | | | | |
| Telephone | | Fax | | |
| This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: <input type="checkbox"/> Applicant/Inventor <input type="checkbox"/> Assignee of record of the entire interest. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> Attorney or Agent of record. Registration Number <u>James E. Boice, Reg. No. 44,545.</u> <input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____ | | | | |
| Typed or Printed Name James E. Boice | | | | |
| Signature  | | | | |
| Date August 24, 2006 | | Telephone 512.343.6116 | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | |
| <input checked="" type="checkbox"/> Total of 1 forms are submitted. | | | | |

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
CENTRAL FAX CENTER

AUG 24 2006

DILLON & YUDELL LLP
ATTORNEYS AT LAW

USPTO FACSIMILE TRANSMITTAL SHEET

| | | |
|--------------------------------|---------------------------------|-------------------------------------|
| TO: | FROM: | |
| Examiner Susan F. Fayyan | James E. Boice, Reg. No. 44,545 | |
| ORGANIZATION: | DATE: | |
| US Patent and Trademark Office | August 24, 2006 | |
| ART UNIT: | CONFIRMATION NO.: | TOTAL NO. OF PAGES INCLUDING COVER: |
| 2167 | | 2 |
| FAX NUMBER: | APPLICATION SERIAL NO.: | |
| 571-273-8300 | 10/763,081 | |
| ENCLOSED: | ATTORNEY DOCKET NO.: | |
| Change of Address | AUS920030847US1 | |

☒ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

This fax from the law firm of Dillon & Yudell LLP contains information that is confidential or privileged, or both. This information is intended only for the use of the individual or entity named on this fax cover letter. Any disclosure, copying, distribution or use of this information by any person other than the intended recipient is prohibited. If you have received this fax in error, please notify us by telephone immediately at 512.343.6116 so that we can arrange for the retrieval of the transmitted documents at no cost to you.

8911 N. CAPITAL OF TEXAS HWY., SUITE 2110, AUSTIN, TEXAS 78759
512.343.6116 (V) • 512.343.6446 (F) • DILLONYUDELL.COM